

# Alabama Certified Peer Specialist Training Application

**Qualifications to Become a Certified Peer Specialist:** Must have personally experienced mental illness, must be in recovery, must be open minded, and must be willing to share personal experiences with mental illness publicly. Must be a High School Graduate or have GED. Must have good communication skills, both written and oral. Must have successfully completed Certified Peer Specialist training and test.

**Required knowledge and skills:** An understanding of recovery from mental illness. Basic understanding of mental illness and the mental health system. Basic knowledge of empowerment and the goals and objectives of the consumer movement. Ability to work with individuals or groups. Basic knowledge of consumer rights and advocacy. Ability to communicate effectively. Ability to work a set schedule. Ability to connect with individuals in treatment for mental illness. Ability to understand the unique experience of mental illness. Ability to serve as a role model, showing by example that recovery is possible. Ability to relay coping skills, positive attitude skills and self-esteem. Ability to assist in establishing support systems and interface with agencies, organizations, and groups. Ability to facilitate peer support/self-help groups.

## Name and Address:

Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am interested in: Full time Employment \_\_\_\_\_  
Part time Employment \_\_\_\_\_ Hours per week? \_\_\_\_\_  
Either \_\_\_\_\_

Why are you interested in becoming a Certified Peer Specialist?

What does recovery from mental illness mean to you?

Have you ever shared your mental illness experience with others?

Are you comfortable with sharing your mental illness with others?

What strengths do you have that you feel will be beneficial to providing peer support?

What factors are key to your continued recovery?

What consumer organizations, peer support, and advocacy organizations are you a member or familiar with?

Describe any additional consumer or mental health activities you participate in:

Other reasons you believe you will make a good peer specialist:

Education					
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	School	Dates attended	Graduate?	Date	Major
High School	_____				
College/Voc	_____				
	_____				
	_____				
GED	Yes___No___				

## Employment

Current Status      Currently Employed?      Yes\_\_\_No\_\_\_

Receiving Disability/SSI      Yes\_\_\_No\_\_\_

Are you now employed or have you in the past been employed as a peer specialist: Yes\_\_\_No\_\_\_      Where:      When:

### Current or Last Employer:

Address:\_\_\_\_\_ Telephone\_\_\_\_\_

\_\_\_\_\_ Type of Business\_\_\_\_\_

\_\_\_\_\_ Supervisor\_\_\_\_\_

Dates of Employment\_\_\_\_\_to\_\_\_\_\_ Full time\_\_\_Part time\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your supervisor: Yes\_\_\_No\_\_\_

Describe your duties:

### Previous Employer:

Address:\_\_\_\_\_ Telephone\_\_\_\_\_

\_\_\_\_\_ Type of Business\_\_\_\_\_

\_\_\_\_\_ Supervisor\_\_\_\_\_

Dates of Employment\_\_\_\_\_to\_\_\_\_\_ Full time\_\_\_Part time\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your supervisor: Yes\_\_\_No\_\_\_

Describe your duties:

Previous Employer:

Address: \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Type of Business \_\_\_\_\_

\_\_\_\_\_ Supervisor \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your supervisor: Yes \_\_\_\_\_ No \_\_\_\_\_

Describe your duties:

Other Employment Experience:

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Applications should be submitted to:

The Alabama Office of Consumer Relations

P. O. Box 301410

Montgomery, AL 36130-1410

Fax (334) 242-3025

Email [michael.autrey@mh.alabama.gov](mailto:michael.autrey@mh.alabama.gov)

